

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION | AT | | 3-28-00 |
| O.I.P.E. CLASSIFIER | | PT | 4/4/00 |
| FORMALITY REVIEW | DMIC | 69169 | 5/26/00 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Original | Date |
|----------|---------------|----------|
| Final | 10 070711 | 04/08 |
| Original | 24 0421 | 17 02-03 |
| Original | 01 06 | 03 04 04 |
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| Claim | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)